



The Illinois Association of Microboards and Cooperatives supports the empowerment of people with disabilities and their personal networks by creating non-profit corporations for the purpose of creating and organizing community opportunities. Examples include individuals living in homes of their own, having real employment, and building community connections.

In that spirit, we make the following recommendations and comments to the State 1115 Waiver Concept Paper, particularly the section titled “Home and Community Based Infrastructure Coordination and Choice”.

1. Individualize funding levels for people with Home-based support services, enabling them to live in their own homes, work, volunteer, learn new skills, and have friends and relationships of their own choosing. People who need more support than what HBSSP will provide, may not need 24/7 services. An individualized option based on person-centered planning would give individuals additional services without forcing them into 24-hour supports.
2. People with disabilities should not have to live or work in congregate settings to receive appropriate services. Services should not be categorized into silos. Individuals should be able to live, work,



volunteer, recreate, etc. where and when they choose, based on their ISP.

3. Incentivize community-based, self-directed options while decreasing funding for congregate care.
 - a. Decrease funding for sheltered workshops, day programs, state-operated developmental centers, ICFDDs and CILAs with more than 3 people, supporting the Governor's initiative and the Ligas Consent Decree.
 - b. Increase support funding for people who live with alone or with one or two roommates, and spend their days in meaningful community activities such as work or volunteering.
 - c. Incentivize providers who utilize real person-centered planning that includes input from the individual's family, friends and non-paid community members. A form is not person-centered.
 - d. Support the development of self-directed models such as microboards and cooperatives that are based in community inclusion and self-direction.
 - e. Individuals receiving services should be able to access activities and employment in the community as a first choice. Providers should be incentivized to promote this option.



4. Individualized service plans should be based on a variety of assessments and the Person Centered Planning session utilizing the person's strengths to create optimal independence, enhance community connection, and facilitate meaningful life activities (including work, recreation, and social activities) and utilizing the person's identified needs to determine supports.
5. Individualized budgets should be developed based on the individualized service plan. The budget for each person should include any necessary supports to implement their plan.
6. A full array of services should be available to each person as deemed necessary and appropriate according to the individual service plan. There should be no arbitrary limits on specific service categories – no monthly caps on service amounts, no limits on the time or place services can be provided. For example, transportation services should be provided as often, in the manner required, and at the times necessary to implement the individual's plan.
7. Medications should be able to be administered (as prescribed) in any setting so that people are not restricted in activities and places they can go due to medication needs.



8. All services should be distinctly separate from the settings where they are provided. An individual should be able to choose self-directed or agency-based services regardless of whether they live in the family home, their own home, or an agency-owned home.
9. Services that have been traditionally considered “Day Services” and “Residential Services” should be included in the array of choices to be provided 365/24/7 so that a person can have job coaching or individual personal support (traditionally ‘day’ services) as needed and as appropriate.
10. Participant-directed supports should be available regardless of where and with whom you live and how much service you need, based on the ISP.
11. State funds need to provide ongoing training of Personal Support Workers and Direct Support Professionals who do not have access to agency-based training opportunities. These should be covered outside of the individual’s budget.
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13. Create one point of entry for information and application to all services throughout the state with enough local offices for easy access with adequate staff.
14. Provide for a seamless transition between public school and adult services based on the individual's person-centered plan.
15. IQ should not be the most important factor in qualifying for services.

Respectfully submitted,

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